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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/458,319
	Filing Date	12/10/99 RECEIVED
	First Named Inventor	Smyth OCT 1 8 2004
	Art Unit	2616 Technology Center 2100
	Examiner Name	Usha Rahman
Total Number of Pages in This Submission	Attorney Docket Number	DIVA 043 (SEDN 043)

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply, etc.) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
RECEIVED OCT 1 8 2004 Technology Center 2600		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Eamon J. Wall, Reg. No. 39,414 Moser, Patterson & Sheridan, LLP
Signature	<i>E. J. Wall</i>
Date	October 12, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	<i>C. W. LSON</i>		
Signature	<i>C. W. Lson</i>	Date	<i>10-12-04</i>

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U.S. PATENT AND TRADEMARK OFFICE
FEE TRANSMITTAL
for FY 2005
 Effective 10/01/2004. Patent fees are subject to annual revision.
☒ Applicant claims small entity status. See 37 CFR 1.27
TOTAL AMOUNT OF PAYMENT (\$) 180

Complete if Known

Application Number	09/458,319
Filing Date	December 10, 1999
First Named Inventor	Smyth
Examiner Name	Usha Raman
Art Unit	2616
Attorney Docket No.	DIVA-043 (SEDN/043)

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METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None
 Order

☒ Deposit Account:

Deposit Account Number: 20-0782

Deposit Account Name: Moser, Patterson & Sheridan, LLP

The Director is authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) or any underpayment of fee(s)
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	790		2001	395		Utility filing fee	
1002	350		2002	175		Design filing fee	
1003	550		2003	275		Plant filing fee	
1004	790		2004	395		Reissue filing fee	
1005	160		2005	80		Provisional filing fee	
SUBTOTAL (1)							(\$) 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims: -20 ** = 0 X Fee from below = 0

Independent Claims: -3 ** = 0 X Fee from below = 0

Multiple Dependent: X Fee from below = 0

Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18		2202	9		Claims in excess of 20	
1201	88		2201	44		Independent claims in excess of 3	
1203	300		2203	150		Multiple dependent claim, if not paid	
1204	88		2204	44		** Reissue independent claims over original patent	
1205	18		2205	9		** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)							(\$) 0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130		2051	65		Surcharge - late filing fee or oath	
1052	50		2052	25		Surcharge - late provisional filing fee or cover sheet.	
1053	130		2053	65		Non-English specification	
1812	2,520		2051	65		For filing a request for <i>ex parte</i> reexamination	
1804	920*		1804	920*		Requesting publication of SIR prior to Examiner action	
1805	1,840*		1805	1,840*		Requesting publication of SIR after Examiner action	
1251	110		2251	55		Extension for reply within first month	
1252	430		2252	215		Extension for reply within second month	
1253	980		2253	490		Extension for reply within third month	
1254	1,530		2254	765		Extension for reply within fourth month	
1255	2,080		2255	1,040		Extension for reply within fifth month	
1401	340		2401	170		Notice of Appeal	
1402	340		2402	170		Filing a brief in support of an appeal	
1403	300		2403	150		Request for oral hearing	
1451	1,510		2451	755		Petition to institute a public use proceeding	
1452	110		2452	55		Petition to revive - unavoidable	
1453	1,370		2453	685		Petition to revive - unintentional	
1501	1,370		2501	685		Utility issue fee (or reissue)	
1502	490		2502	245		Design issue fee	
1503	660		2503	330		Plant issue fee	
1460	130		2504	165		Petitions to the Commissioner	
1807	50		2505	165		Processing fee under 37 CFR 1.17 (q)	
1806	180		2506	180		Submission of Information Disclosure Stmt	180
8021	40		2507	180		Recording each patent assignment per property (times number of properties)	
1809	790		2809	395		Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790		2810	395		For each additional invention to be examined (37 CFR § 1.129(b))	
1801	790		2801	395		Request for Continued Examination (RCE)	
1802	900		2802	900		Request for expedited examination of a design application	
Other fee (specify) _____							
*Reduced by Basic Filing Fee Paid							
SUBTOTAL (3)							(\$) 180

SUBMITTED BY

Name (Print/Type)	Eamon J. Wall	Registration No. (Attorney/Agent)	39,414	Telephone	(732) 530-9404
Signature	<i>EJ Wall</i>	Date	October 12, 2004		

Complete (if applicable)

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